



Mercury Bay Blue Light – Youth Enrollment Form (Fillable Version)

Participant Details

Full Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Gender: _____

School: _____ Year Level: _____

Address: _____

Phone: _____ Email: _____

Parent / Guardian Details

Full Name: _____

Relationship: _____

Phone: _____ Email: _____

Address (if different): _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Medical & Support Information

Details (allergies, conditions, support needs):

Doctor / Medical Centre: _____

Phone: _____

Consents (Tick one)

Participation: Yes No

Transport: Yes No

Photo/Media: Yes No

Code of Behaviour Agreement

I agree to follow the Mercury Bay Blue Light Code of Behaviour.

Participant Signature: _____ Date: _____

Parent / Guardian Consent

I confirm the information is correct and consent to participation.

Name: _____

Signature: _____

Date: _____

Office Use Only

Date Received: _____

Staff Member: _____

Notes:
